



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
AIR POLLUTION CONTROL PROGRAM  
**APPLICATION FOR AUTHORITY TO CONSTRUCT**

APCP USE ONLY	
CHECK NO.:	CHECK RECD: / /
CHECK AMOUNT: \$	CHECK DATE: / /
PROJECT NUMBER:	

All Applications Must be Accompanied by a \$100 Filing Fee, Except for Those Applying for Permit Amendments.  
Processing Fees at the Rate currently charged by the APCP will be Assessed at the End of the Review (unless no permit is required).

INSTALLATION NAME 1.)					
INSTALLATION STREET ADDRESS 2.)					
INSTALLATION MAILING ADDRESS 3.)					
INSTALLATION CITY 4.)				STATE MO	ZIP CODE
COUNTY 5.)	6.) 1/4, OF	1/4, OF	SECTION	TOWNSHIP	RANGE
FINAL PRODUCT / PRINCIPLE ACTIVITY 7.)					SIC CODE 8.)
PARENT COMPANY 9.)					
PARENT COMPANY MAILING ADDRESS 10.)					
PARENT COMPANY CITY 11.)				STATE	ZIP CODE
CONTACT PERSON 12.)			CONTACT PERSON'S TITLE		
CONTACT PERSON'S MAILING ADDRESS 13.)					
CONTACT PERSON'S CITY 14.)				STATE	ZIP CODE
CONTACT PERSON'S TELEPHONE NUMBER 15.)			CONTACT PERSON'S FAX NUMBER 16.)		
CONTACT PERSON'S EMAIL ADDRESS 17.)					
UNIFIED REVIEW 18.) <input type="checkbox"/> Yes <input type="checkbox"/> No					
THIS APPLICATION IS FOR 19.) <input type="checkbox"/> Modification or Addition to an Existing Installation <input type="checkbox"/> New Installation <input type="checkbox"/> Amendment to Existing Permit: Permit No. _____ <input type="checkbox"/> Temporary / Pilot Plant					
FIPS COUNTY ID NUMBER 20.)			PLANT ID NUMBER 21.)		
PROJECTED DATE TO COMMENCE CONSTRUCTION 22.)			PROJECTED DATE OF OPERATION STARTUP 23.)		

**APPLICANT'S CERTIFICATION STATEMENT:**

I certify that I have personally examined and am familiar with the information in this application and believe that the information submitted is accurate and complete. I am aware that making a false statement or misrepresentation in this application is grounds for denying or revoking the construction permit. I may also be guilty of a misdemeanor and upon conviction, may be punished by fine or imprisonment.

SIGNATURE OF RESPONSIBLE OFFICIAL 24.)	DATE 25.) / /
TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL 26.)	RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER 27.)
OFFICIAL TITLE OF RESPONSIBLE OFFICIAL 28.)	

PROJECT DESCRIPTION AND NARRATIVE [USE ATTACHED SHEETS IF NECESSARY]

29.)

Form 1.1 Process Flow Diagram for Facility According to Proposed Application

INSTALLATION NAME (A.)	FIPS COUNTY NO. (B.)	PLANT NO. (C.)
<p>For a new installation, show the entire installation. For an addition to an existing installation, show only the new processes/equipment/emission points and begin the ID numbering where the existing EIQ emission point numbers leave off. If the application is for a modification or an addition to an existing emission point or unit, show the upstream and downstream point(s) or the equipment that this modification will affect.</p>		
<div></div>		

### Emission Information for Air Construction Permit Application

**Form 1.2** Summary of Emission Points Affected by this Application (duplicate this form as needed.)

[illegible]

Form 1.3 Plant Layout Diagram

INSTALLATION NAME (A.)	FIPS COUNTY NO. (B.)	PLANT NO. (C.)
Please use this page <i>or a separate sheet</i> to provide a Plant Layout Diagram. <b>Refer to the Permits Instruction Packet for details.</b>		

# Emission Information for Air Construction Permit Application

## Form 2.0 Emission Point Information (duplicate this form as needed.)

INSTALLATION NAME (A.)		FIPS COUNTY NO. (B.)		PLANT NO. (C.)	
<b>POINT IDENTIFICATION</b>					
POINT NO. (D.)		POINT DESCRIPTION (E.)			
SOURCE CLASSIFICATION CODE (SCC) (F.)		MAKE (G.)		MODEL (H.)	YEAR (I.)
<b>STACK / VENT PARAMETERS</b>					
STACK NO. (J.)		HEIGHT (FT) (K.)		DIAMETER (FT) (L.)	
TEMPERATURE (F) (M.)		VELOCITY (FT/MIN) (N.)		FLOW RATE (STANDARD CUBIC FT/MIN) (O.)	
<b>OPERATING RATE / SCHEDULE</b>					
EXPECTED ANNUAL THROUGHPUT (P.)		UNITS (Q.)	MAXIMUM HOURLY DESIGN RATE (R.)		UNITS/HR (S.)
HOURS/DAY (T.)		DAYS/WEEK		WEEKS/YEAR	
<b>AIR POLLUTION CONTROLS</b>					
DEVICE NO. (U.)	CONTROL DEVICE DESCRIPTION (V.)		Control Device <b><i>Destruction/Removal</i></b> Efficiency % (w.)		
			PM <sub>10</sub>	SO <sub>x</sub>	NO <sub>x</sub>
			VOC	CO	HAPs
DEVICE NO.	DESCRIPTION OF COLLECTION/SUPPRESSION SYSTEM (X.)				
<b>OPTIONAL CALCULATION SECTION (Y.)</b>					
POLLUTANT	EMISSION FACTOR	EMISSION FACTOR UNITS	OVERALL CONTROL EFFICIENCY	EMISSION RATE (LB/HR)	POTENTIAL EMISSIONS (TONS/YR)

# Emission Information for Air Construction Permit Application

## Form 2.1 Fuel Combustion Information (duplicate this form as needed.)

INSTALLATION NAME (A.)		FIPS COUNTY NO. (B.)		PLANT NO. (C.)																									
<b>COMBUSTION EQUIPMENT INFORMATION</b>																													
POINT NO. (D.)		SCC (E.)																											
(F.) EQUIPMENT DESCRIPTION (MAKE/MODEL)		(G.) YEAR PUT IN SERVICE		(H.) MAXIMUM DESIGN RATE (MILLION BTU/HR)																									
Sum of Total Maximum Hourly Design Rates																													
<b>FUEL INFORMATION</b>																													
(I.) FUEL TYPE																													
<table border="0"> <tr> <td><b>Oil</b></td> <td><b>Gas</b></td> <td><b>Coal</b></td> <td colspan="3"><b>Other</b></td> </tr> <tr> <td><input type="checkbox"/> Distillate (Fuel Oil 1-4)</td> <td><input type="checkbox"/> Natural Gas</td> <td><input type="checkbox"/> Anthracite</td> <td colspan="3"><input type="checkbox"/> Refuse</td> </tr> <tr> <td><input type="checkbox"/> Residual Fuel Oil (5-6)</td> <td><input type="checkbox"/> LPG/Propane</td> <td><input type="checkbox"/> Bituminous</td> <td colspan="3"><input type="checkbox"/> Trade Wastes</td> </tr> <tr> <td><input type="checkbox"/> Waste Oil</td> <td></td> <td><input type="checkbox"/> Lignite</td> <td colspan="3"><input type="checkbox"/> Other (specify) _____</td> </tr> </table>						<b>Oil</b>	<b>Gas</b>	<b>Coal</b>	<b>Other</b>			<input type="checkbox"/> Distillate (Fuel Oil 1-4)	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Anthracite	<input type="checkbox"/> Refuse			<input type="checkbox"/> Residual Fuel Oil (5-6)	<input type="checkbox"/> LPG/Propane	<input type="checkbox"/> Bituminous	<input type="checkbox"/> Trade Wastes			<input type="checkbox"/> Waste Oil		<input type="checkbox"/> Lignite	<input type="checkbox"/> Other (specify) _____		
<b>Oil</b>	<b>Gas</b>	<b>Coal</b>	<b>Other</b>																										
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<input type="checkbox"/> Waste Oil		<input type="checkbox"/> Lignite	<input type="checkbox"/> Other (specify) _____																										
FUEL (J.)		ANNUAL THROUGHPUT (K.)		UNITS (L.)	% SULFUR BY WEIGHT (M.)	% ASH BY WEIGHT (N.)																							
FUEL TOTALS AND WEIGHTED AVERAGES																													
Comments:																													

**Form 2.3** Uncontrolled VOC Emissions Information (duplicate this form as needed.)MO 780-1323 (6-00)



## Emission Information for Air Construction Permit Application

### Form 2.4 Petroleum Liquid Loading Information (duplicate this form as needed.)

INSTALLATION NAME (A.)	FIPS COUNTY NO. (B.)	PLANT NO. (C.)
<b>NOTE:</b> This form should be filled out to provide information to calculate the emissions from loading organic liquids into tank trucks, rail tank cars and barges. From 2.5 should be filled out to calculate the Load In - Load Out emissions from storage tanks.		
<b>LOADING INFORMATION</b>		
POINT NO. (D.)	SCC CODE (E.)	ANNUAL THROUGHPUT OF LIQUID (1,000 GALLONS) (F.)
CONTROL DEVICE TYPE (G.)	CONTROL EFFICIENCY (%) (H.)	
(I.) TYPE OF LOADING  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Splash Loading   <input type="checkbox"/> Bottom Loading                         </div> <div> <input type="checkbox"/> Submerged Loading   <input type="checkbox"/> Other (specify) _____                         </div> </div>		
<b>CHEMICAL INFORMATION</b>		
BULK LIQUID TYPE (J.)	TRUE VAPOR PRESSURE OF BULK LIQUID (PSIA) (K.)	
MOLECULAR WEIGHT OF MATERIAL LOADED (LB/LB-MOLE) (L.)	SATURATION FACTOR (M.)	
TEMPERATURE OF LIQUID (DEG F) (N.)		
Comments:		

**Form 2.5 Organic Liquid Storage**
**Emission Information for Air Construction Permit Application**
**A. Fixed Roof Tank Information (duplicate this form as needed.)**

INSTALLATION NAME (A.)		FIPS COUNTY NO. (B.)		PLANT NO. (C.)
For use with 500 gallons or greater capacity liquid storage tanks. Please include all organic liquids, petroleum products or fuels.				
<b>TANK INFORMATION</b>				
POINT (TANK IDENTIFICATION) NO. (D.)	CAPACITY (IN THOUSANDS OF GALLONS) (E.)	DIAMETER (FT) (F.)	HEIGHT (FT) (G.)	LENGTH (FT) (H.)
COLOR (SHELL) (I.)	COLOR (ROOF) (J.)	TYPE OF ROOF: (K.) <input type="checkbox"/> Cone <input type="checkbox"/> Dome <input type="checkbox"/> Other (specify) _____		
YEAR PLACED IN SERVICE (L.)	AVERAGE LIQUID HEIGHT (FT) (M.)		ROOF HEIGHT (FT) (N.)	
VENT PRESSURE SETTING (O.)	VENT VACUUM SETTING (P.)		THROUGHPUT (IN THOUSAND OF GALLONS PER YEAR) (Q.)	
<b>CHEMICAL INFORMATION</b>				
CHEMICAL* (R.)	CAS NUMBER (S.)	VAPOR MOLECULAR WEIGHT (T.)		
AVERAGE LIQUID SURFACE TEMPERATURE (F) (U.)		VAPOR PRESSURE AT AVERAGE LIQUID SURFACE TEMPERATURE (PSIA) (V.)		
*MIXTURE - PROVIDE DOCUMENTATION FOR MULTIPLE COMPONENT MIXTURE				

**B. Floating Roof Tank Information (duplicate this form as needed.)**

Please provide all the following information for liquid storage tanks with capacities greater than 500 gallons. Please include all organic liquids and petroleum products or fuels.

<b>TANK INFORMATION</b>				
POINT (TANK IDENTIFICATION) NO. (D.)	YEAR PLACED IN SERVICE (E.)	CAPACITY (IN THOUSANDS OF GALLONS) (F.)		
DIAMETER (FT) (G.)	LENGTH OF SEAM (FT) (H.)	NUMBER OF COLUMNS (I.)	EFFECTIVE COLUMN DIAMETER (FT) (J.)	
TYPE OF CONSTRUCTION (K.) <input type="checkbox"/> Riveted <input type="checkbox"/> Welded		TYPE OF ROOF (L.) <input type="checkbox"/> Internal <input type="checkbox"/> External		
PRIMARY SEAL (M.) <input type="checkbox"/> Metallic Shoe <input type="checkbox"/> Vapor Mounted <input type="checkbox"/> Liquid Mounted		SECONDARY SEAL (N.) <input type="checkbox"/> None <input type="checkbox"/> Rim Mounted <input type="checkbox"/> Shoe Mounted <input type="checkbox"/> Weather Shield		
AREA OF DECK (SQ FT) (O.)	DECK (P.) <input type="checkbox"/> Bolted <input type="checkbox"/> Welded	SHELL CONDITION (Q.) <input type="checkbox"/> Light Rust <input type="checkbox"/> Dense rust <input type="checkbox"/> Gunitite lined		
THROUGHPUT (IN THOUSANDS OF GALLONS PER YEAR) (R.)				
<b>CHEMICAL INFORMATION</b>				
CHEMICAL (S.)	CAS NUMBER (T.)			
VAPOR MOLECULAR WEIGHT (U.)	LIQUID DENSITY (LB/GAL) (V.)			
VAPOR PRESSURE AT STORAGE TEMPERATURE (PSIA) (W.)				

# Emission Information for Air Construction Permit Application

## Form 2.7 Haul Road Fugitive Emission Information (duplicate this form as needed.)

INSTALLATION NAME (A.)		FIPS COUNTY NO. (B.)		PLANT NO. (C.)
<b>HAUL ROAD INFORMATION</b>				
POINT NO. (D.)	SCC (E.)	SURFACE MATERIAL OF ROAD (F.)	LENGTH OF ROAD (MILES) (G.)	SILT CONTENT (%) (H.)
TYPE OF DUST CONTROL (CHECK ONE)				
<input type="checkbox"/> Surfactant Spray <input type="checkbox"/> Water Spray <input type="checkbox"/> Other (specify) _____				
<input type="checkbox"/> Water Spray Documented <input type="checkbox"/> No Controls         _____				
<b>HAUL TRUCK INFORMATION</b>				
UNLOADED TRUCK WEIGHT (TONS) (J.)		AVERAGE WEIGHT OF MATERIAL PER LOAD (TONS) (K.)		AVERAGE LOADED TRUCK WEIGHT (TONS) (L.)
NUMBER OF WHEELS (M.)		AVERAGE TRUCK SPEED (MPH) (N.)		
<b>MATERIAL HAULED INFORMATION</b>				
TYPE OF MATERIAL(S) HAULED (O.)		ANNUAL AMOUNT HAULED (TONS) (P.)		MAXIMUM HOURLY AMOUNT HAULED (TONS) (Q.)
Comments:				

## Form 2.8 Storage Pile Information (duplicate this form as needed.)

<b>STORAGE PILE INFORMATION</b>			
POINT NO. (D.)	SCC (E.)	TYPE OF MATERIAL STORED (F.)	MOISTURE CONTENT (%) (G.)
AREA OF STORAGE PILE (ACRES) (H.)		STORAGE DURATION (DAYS) (I.)	SILT CONTENT(%) (J.)
ANNUAL AMOUNT STORED (TONS) (K.)		MAXIMUM HOURLY AMOUNT STORED (L.)	
RAW MATERIAL LOADING METHOD (CHECK ONE)			
(M.) <input type="checkbox"/> Barge <input type="checkbox"/> Rail <input type="checkbox"/> Truck <input type="checkbox"/> Conveyor <input type="checkbox"/> Other (specify) _____			
RAW MATERIAL UNLOADING METHOD (CHECK ONE)			
(N.) <input type="checkbox"/> Barge <input type="checkbox"/> Rail <input type="checkbox"/> Truck <input type="checkbox"/> Conveyor <input type="checkbox"/> Other (specify) _____			
Comments:			

Emission Information for Air Construction Permit Application

Form 2.T Hazardous Air Pollutant Information (duplicate this form as needed.)

INSTALLATION NAME (A.)		FIPS COUNTY NO. (B.)	PLANT NO. (C.)
Use this form to report any hazardous air pollutant (HAP) expected to be handled in amounts greater than 20 pounds per year. The instructions for this form provide a list of the HAPs which are regulated under the Clean Air Act. The amount emitted should be reported before control equipment reductions are applied. Be sure to include the MSDS for any material containing HAPs.			
POINT NO. (D.)	SCC (E.)		
HAP CHEMICAL (F.)	CAS NUMBER (G.)	AMOUNT USED OR EXPECTED TO BE HANDLED (LBS/YEAR) (H.)	UNITS (I.)
NOTE: Attach Material Safety Data Sheets (MSDS) for Verification			
Comments:			

Form 3.0 Comment Sheet (duplicate this form as needed.)

INSTALLATION NAME (A.)	FIPS COUNTY NO. (B.)	PLANT NO. (C.)
EMISSION POINT NO. (D.)		



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
AIR POLLUTION CONTROL PROGRAM  
**PORTABLE SOURCE RELOCATION REQUEST**

**APCP USE ONLY**

FACILITY ID NO.

CURRENT SITE NO.

PROPOSED SITE NO.

NAME OF INSTALLATION/COMPANY

INSTALLATION/COMPANY STREET ADDRESS

INSTALLATION/COMPANY MAILING ADDRESS

INSTALLATION/COMPANY CITY

STATE

ZIP CODE

FROM CURRENT LOCATION COUNTY

1/4, OF

1/4, OF

SECTION

TOWNSHIP

RANGE

TO PROPOSED LOCATION COUNTY

1/4, OF

1/4, OF

SECTION

TOWNSHIP

RANGE

ESTIMATED LENGTH OF TIME AT NEW LOCATION [NOT TO EXCEED TWO YEARS]

PROJECTED DATE TO COMMENCE CONSTRUCTION

PROJECTED DATE TO COMMENCE OPERATION

NAME OF PARENT COMPANY

PARENT COMPANY MAILING ADDRESS

PARENT COMPANY CITY

STATE

ZIP CODE

NAME OF PROPERTY OWNER OF NEW LOCATION

ADDRESS

CITY

STATE

ZIP CODE

Is this a new site for this equipment?

☐ YES

☐ NO

If yes, submit a \$200 review fee.

Will other air contaminant sources not listed in this request be operating concurrently at this same location?

☐ YES

☐ NO

If you answered YES to either of the previous questions please attach a map of the area showing property boundary, distance and direction to the nearest off-property area. Show locations and orientation of all portable equipment. Show haul roads and storage piles.

SIGNATURE OF RESPONSIBLE MEMBER OF THE COMPANY

DATE

/ /

TYPE OR PRINT NAME OF PERSON SIGNING

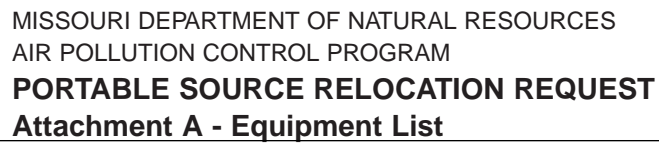
TITLE OF PERSON SIGNING

TELEPHONE NUMBER

## RELOCATION APPLICATION INSTRUCTIONS/PROCEDURES

1. Please provide all of the information requested in the application.
2. Each application must be signed by a responsible member of the organization that will operate the installation, or by a responsible member of the organization that owns the installation.
3. The owner must hold a valid, original air construction permit for the portable installation. Even equipment, for which a permit originally was not required, must be permitted to move.
4. Portable equipment approval may continue for a maximum operational time of 24 consecutive months without an intervening relocation.
5. If the portable equipment is to be moved to a site not listed on the original permit, the owner or operator must submit a "Permit Amendment Application." The amendment will be approved under the following conditions:
  - a. The facility is in compliance with the original permit conditions and all applicable regulations;
  - b. The plant is not expected to cause air quality problems at the new location;
  - c. The request is received at least 21 days prior to the proposed move; and
  - d. The equipment will be at the new location no longer than 24 consecutive months.
6. Complete Form 2.7, *Haul Road Fugitive Emission Worksheet*, and Form 2.8, *Storage Pile Worksheet*, as applicable to this installation. These forms are included with the application package.
7. Return completed application to:

Missouri Department of Natural Resources  
Air Pollution Control Program  
205 Jefferson Street  
P.O. Box 176  
Jefferson City, MO 65102-0176

[illegible]